

FIG. 1

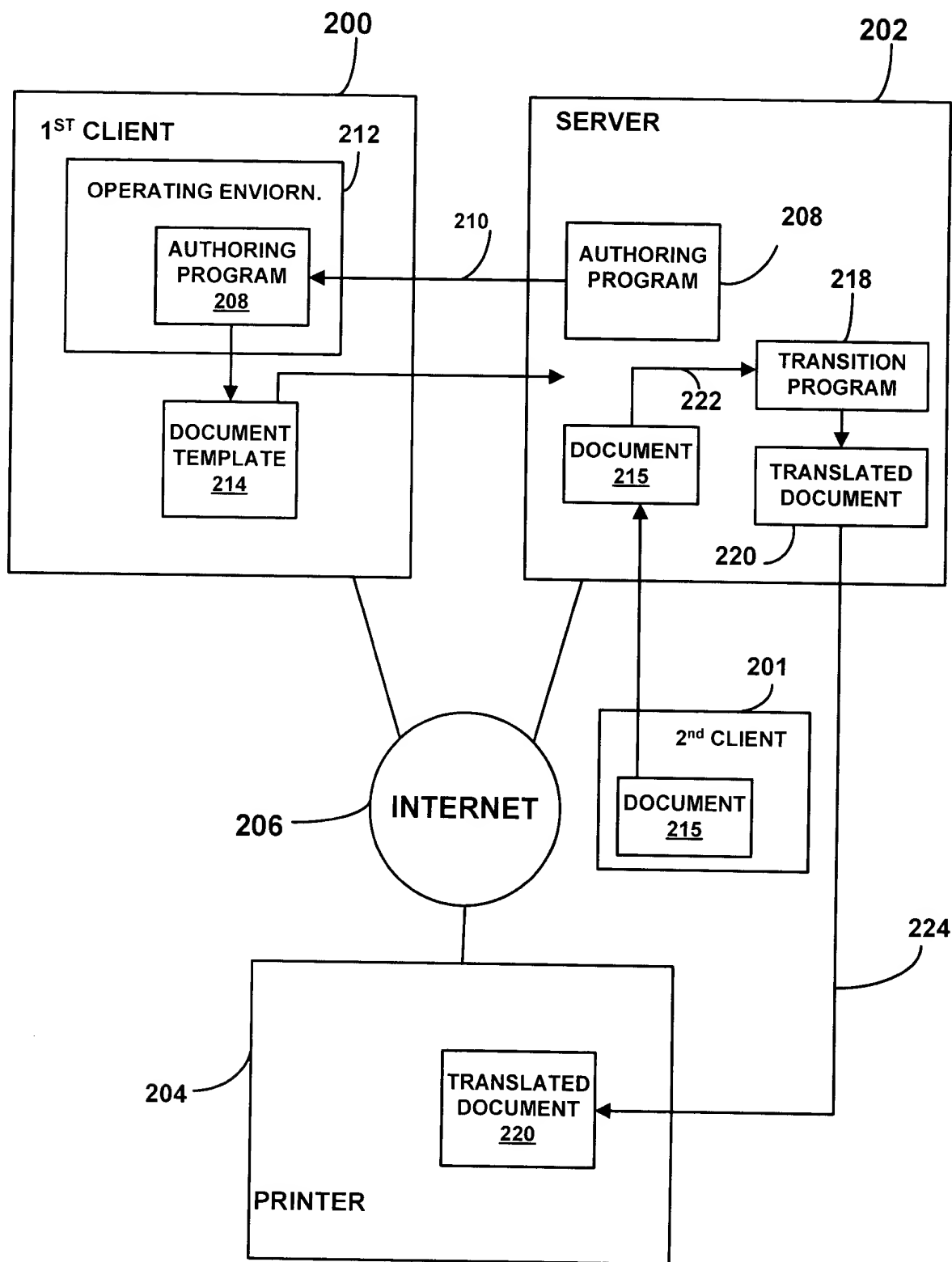


FIG. 2

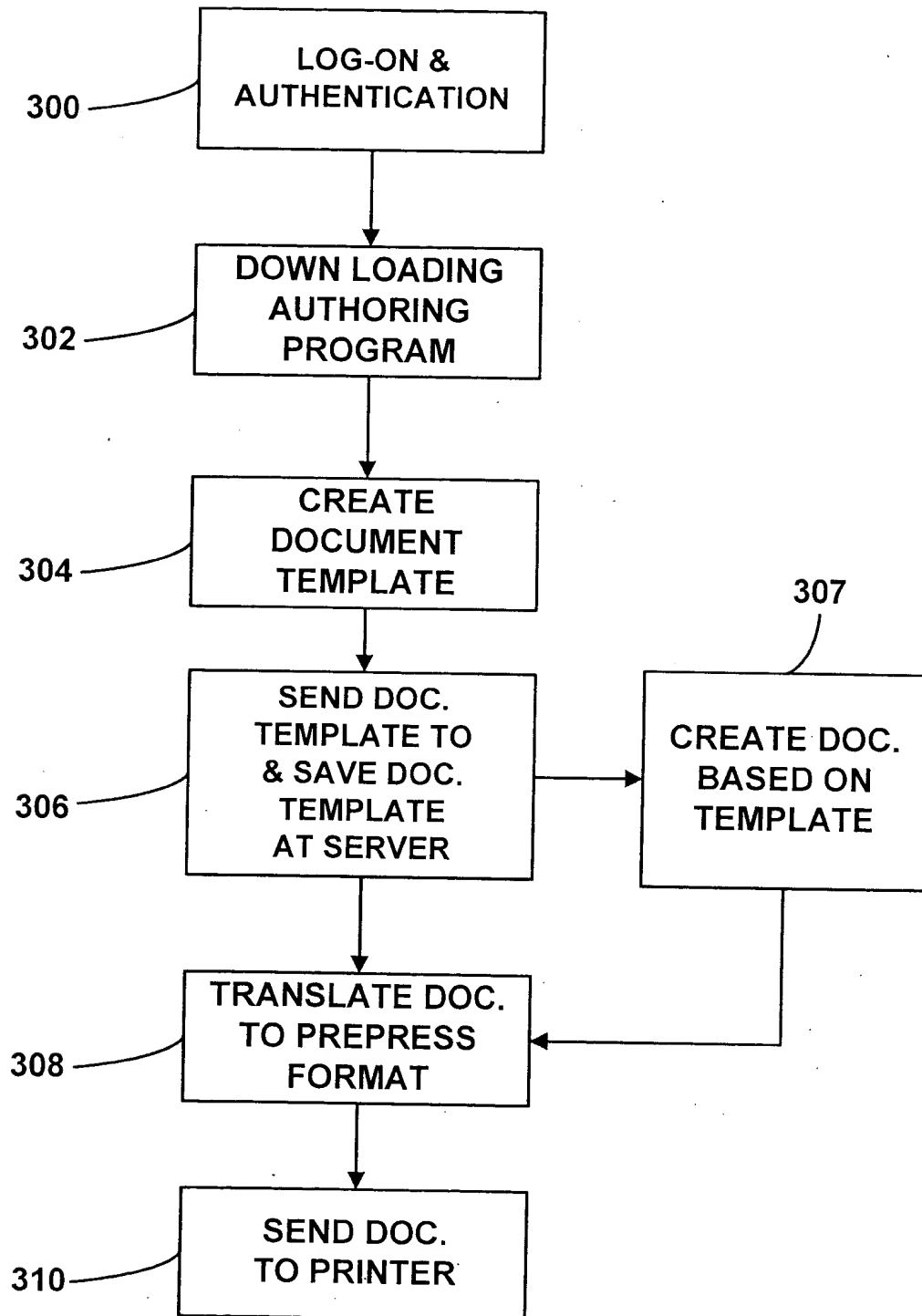


FIG. 3

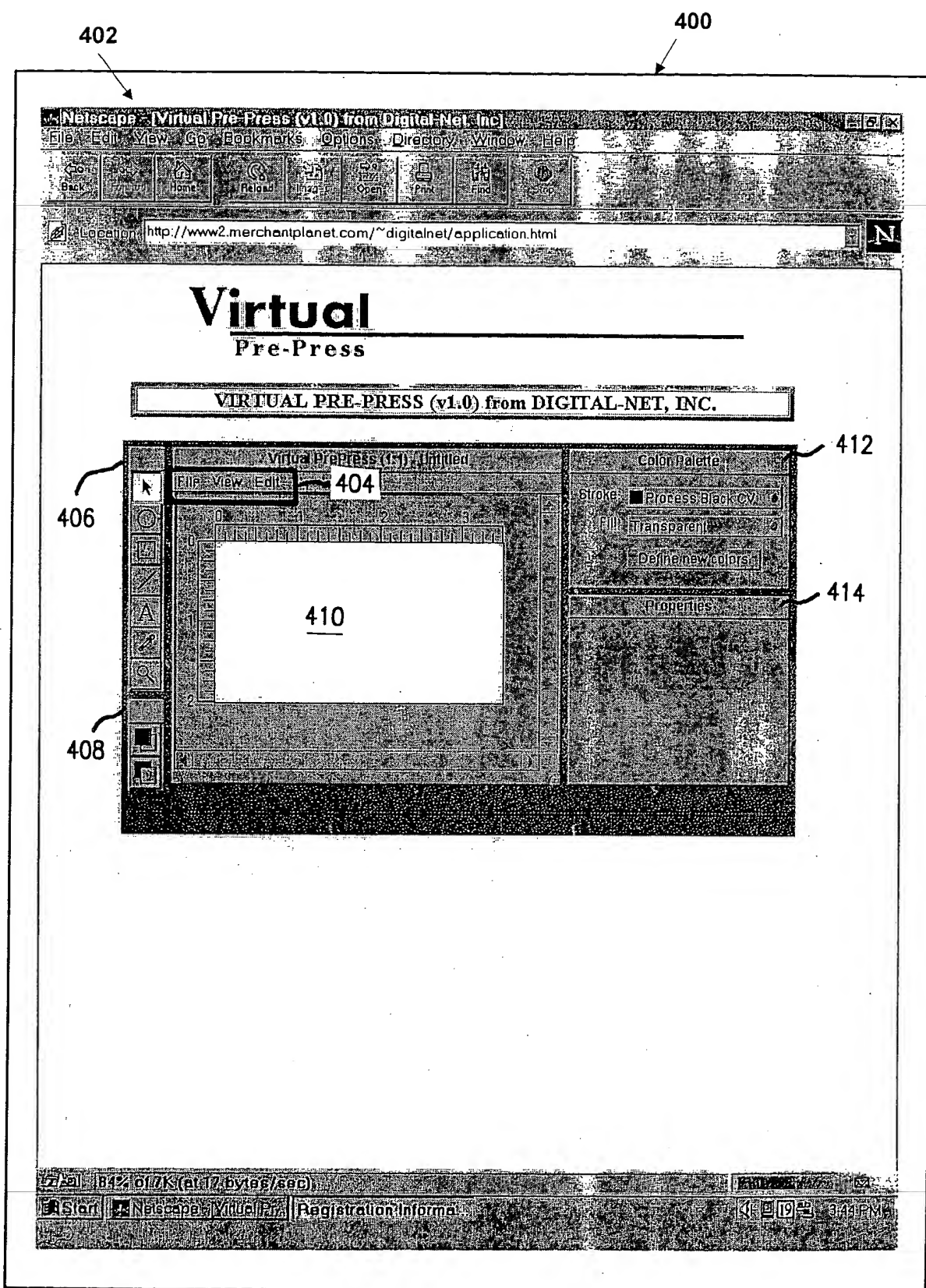


FIG. 4a

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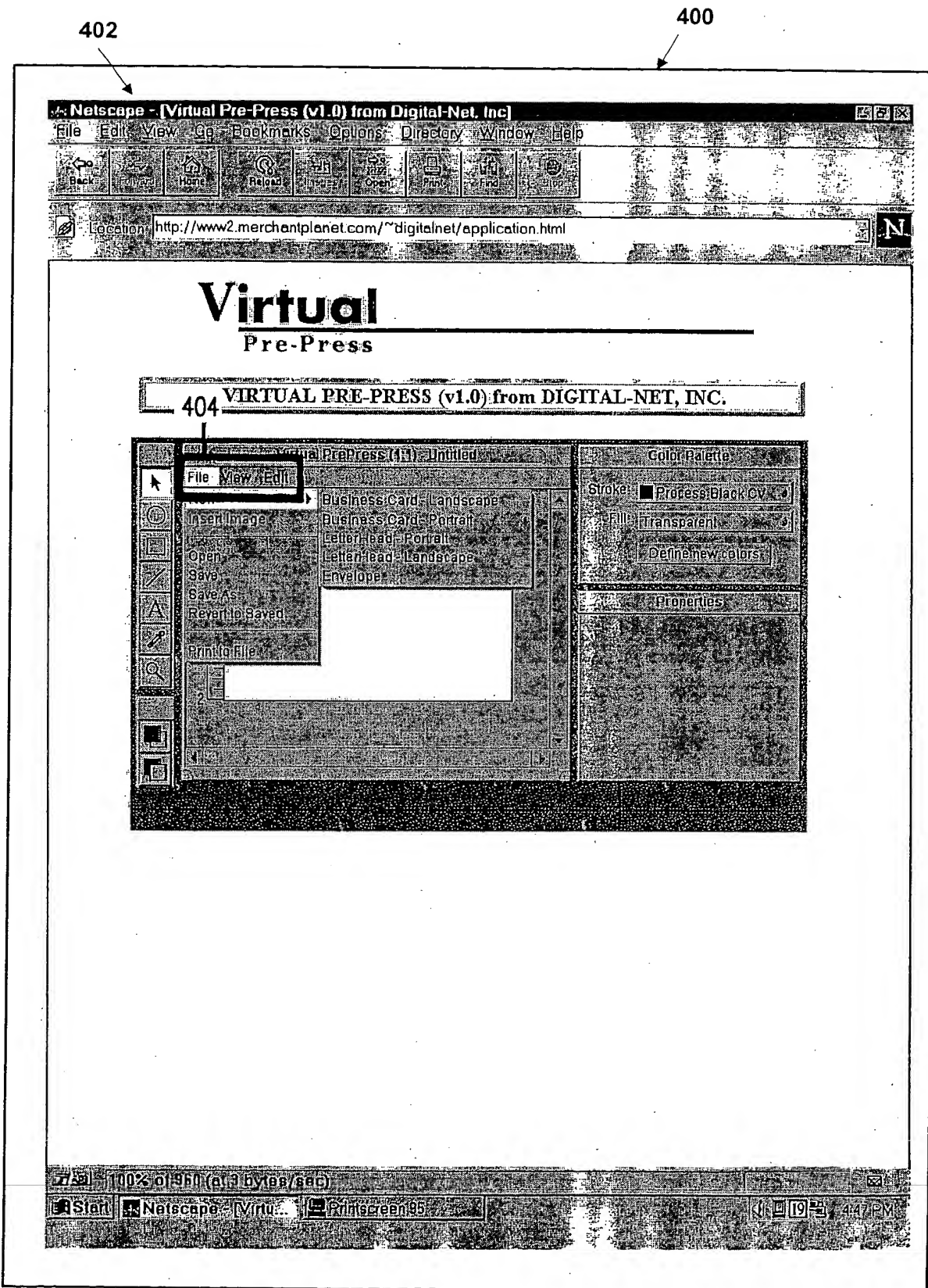


FIG. 4b

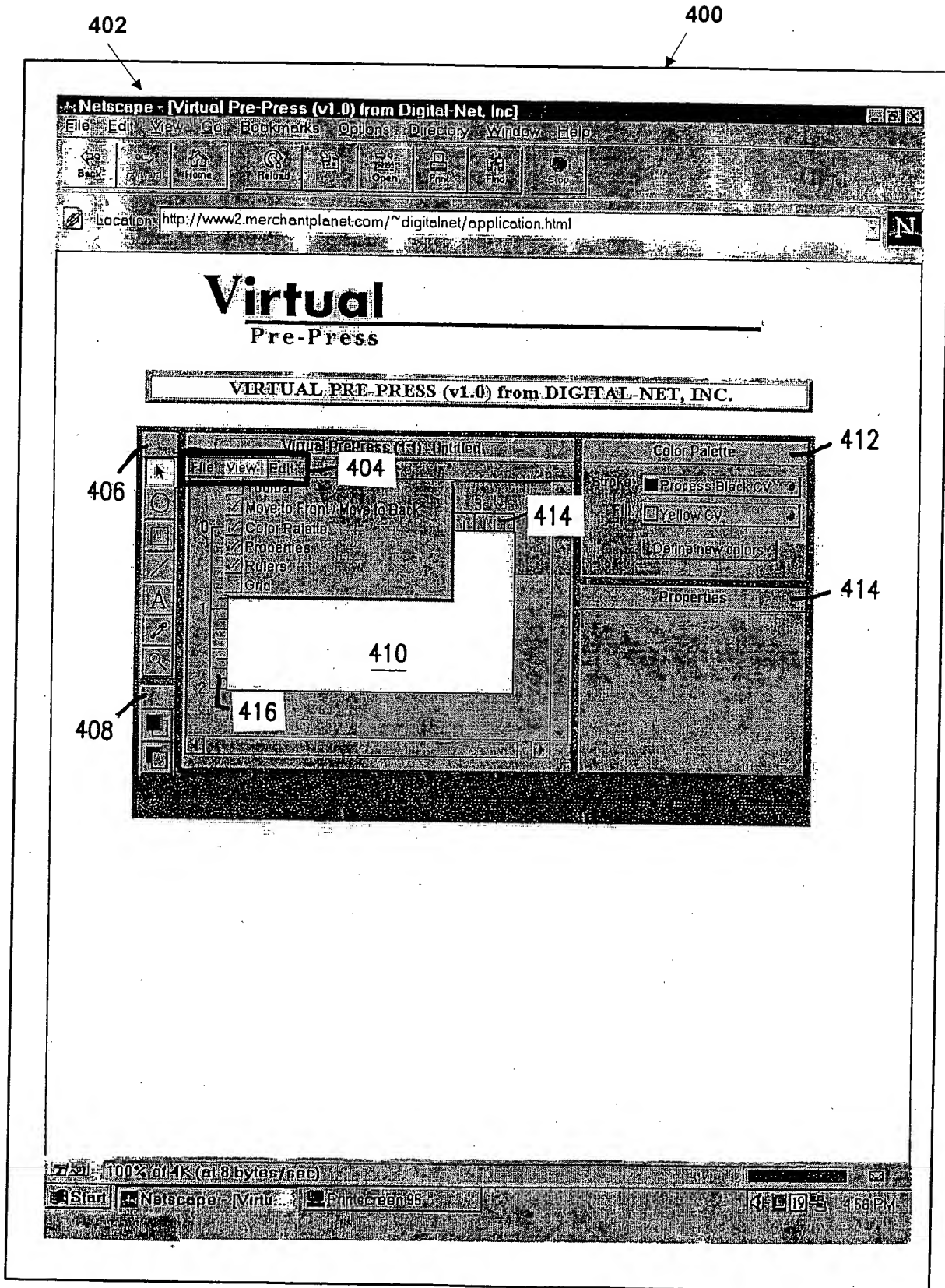
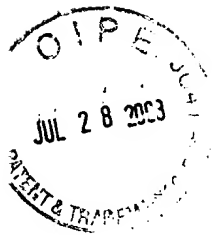


FIG. 4c

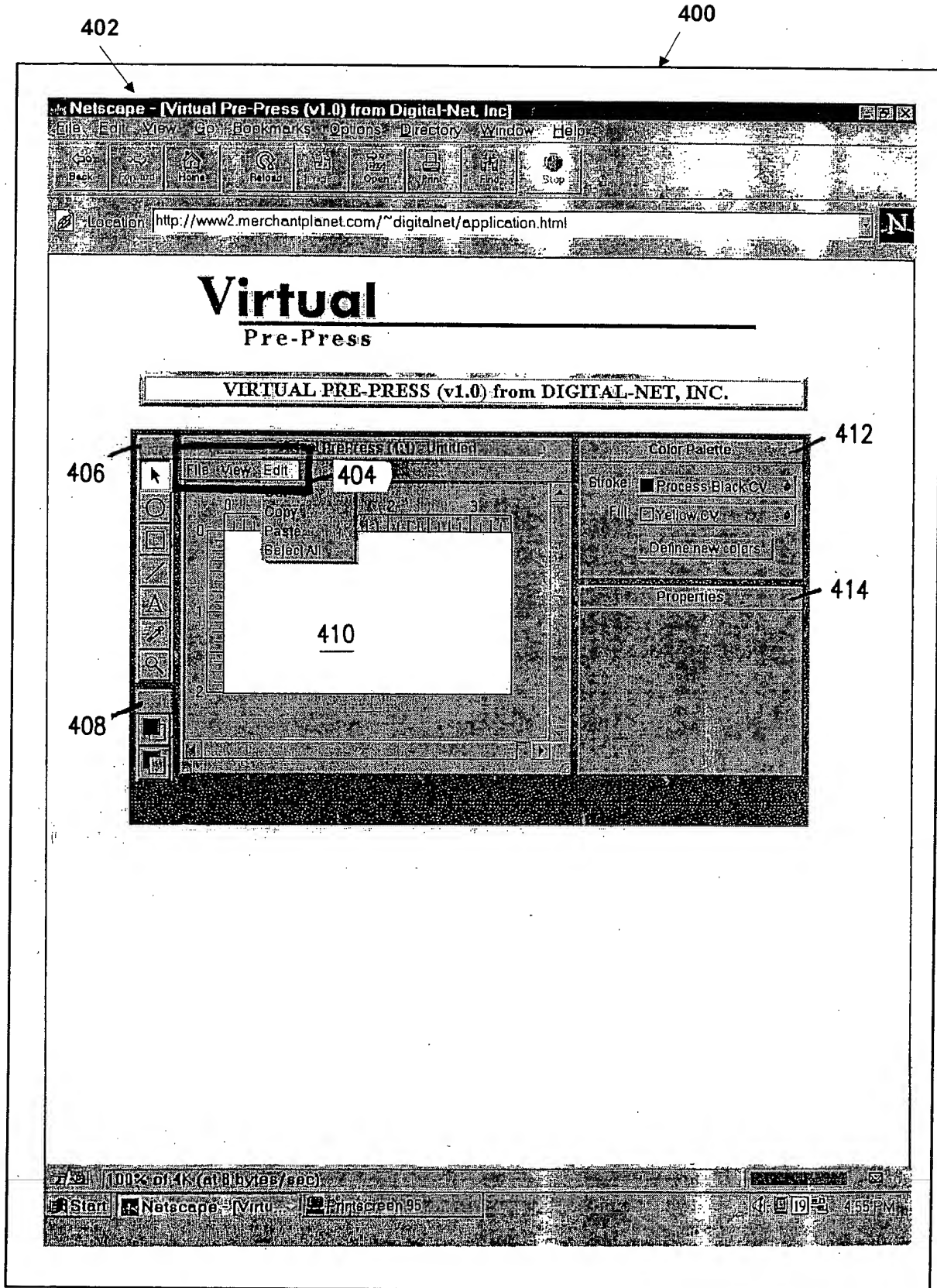


FIG. 4d

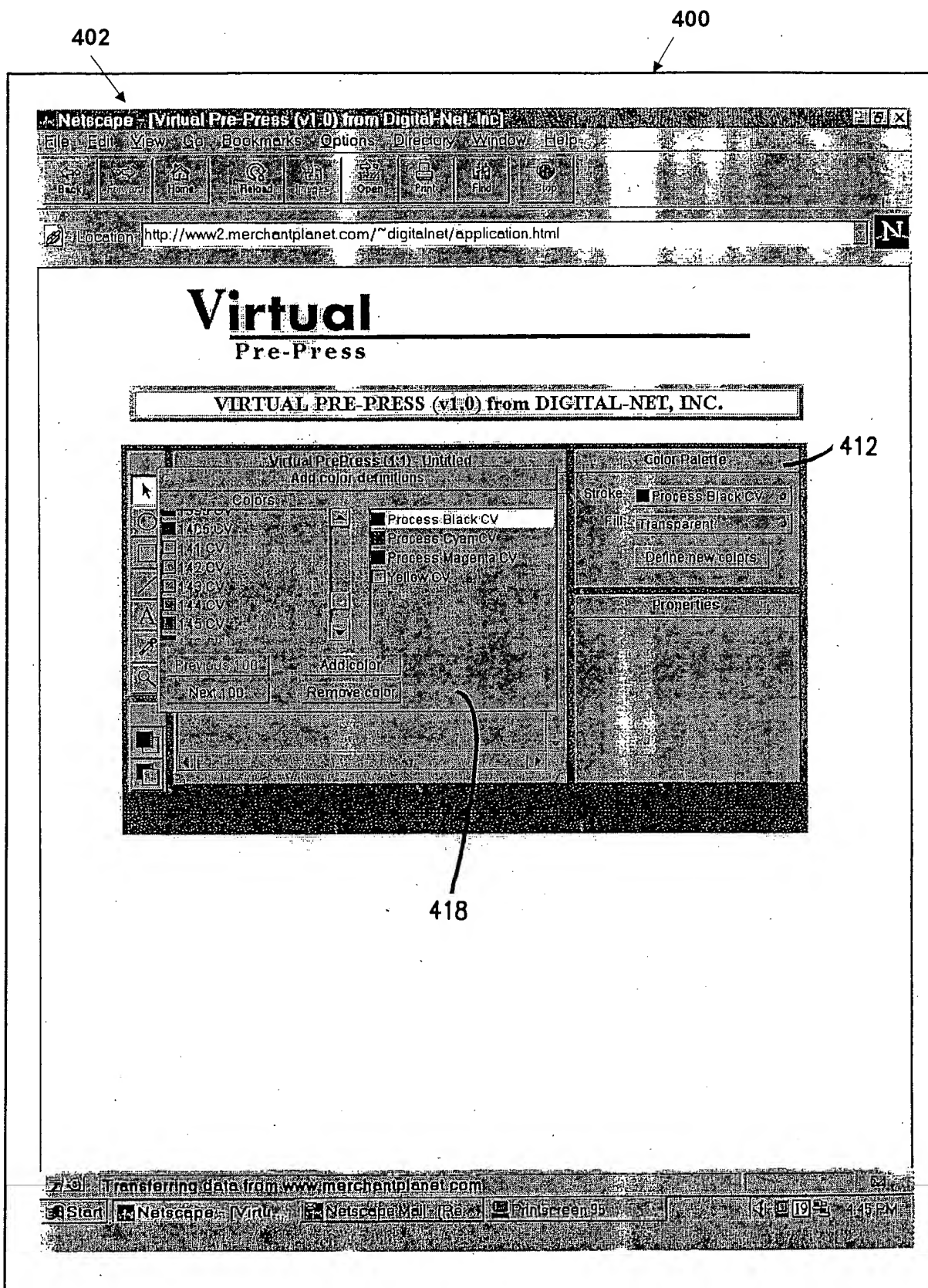


FIG. 4e

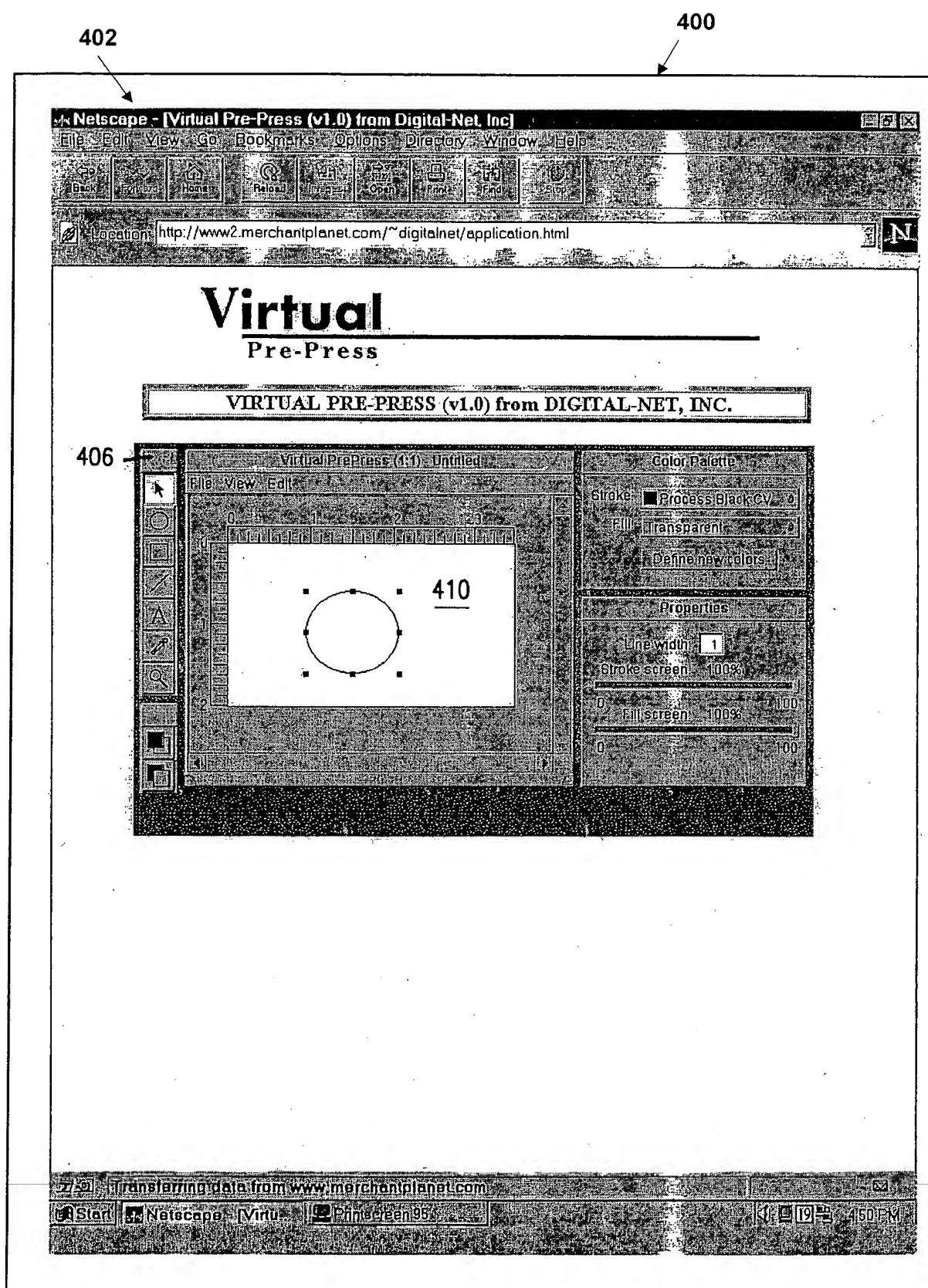


FIG. 4f

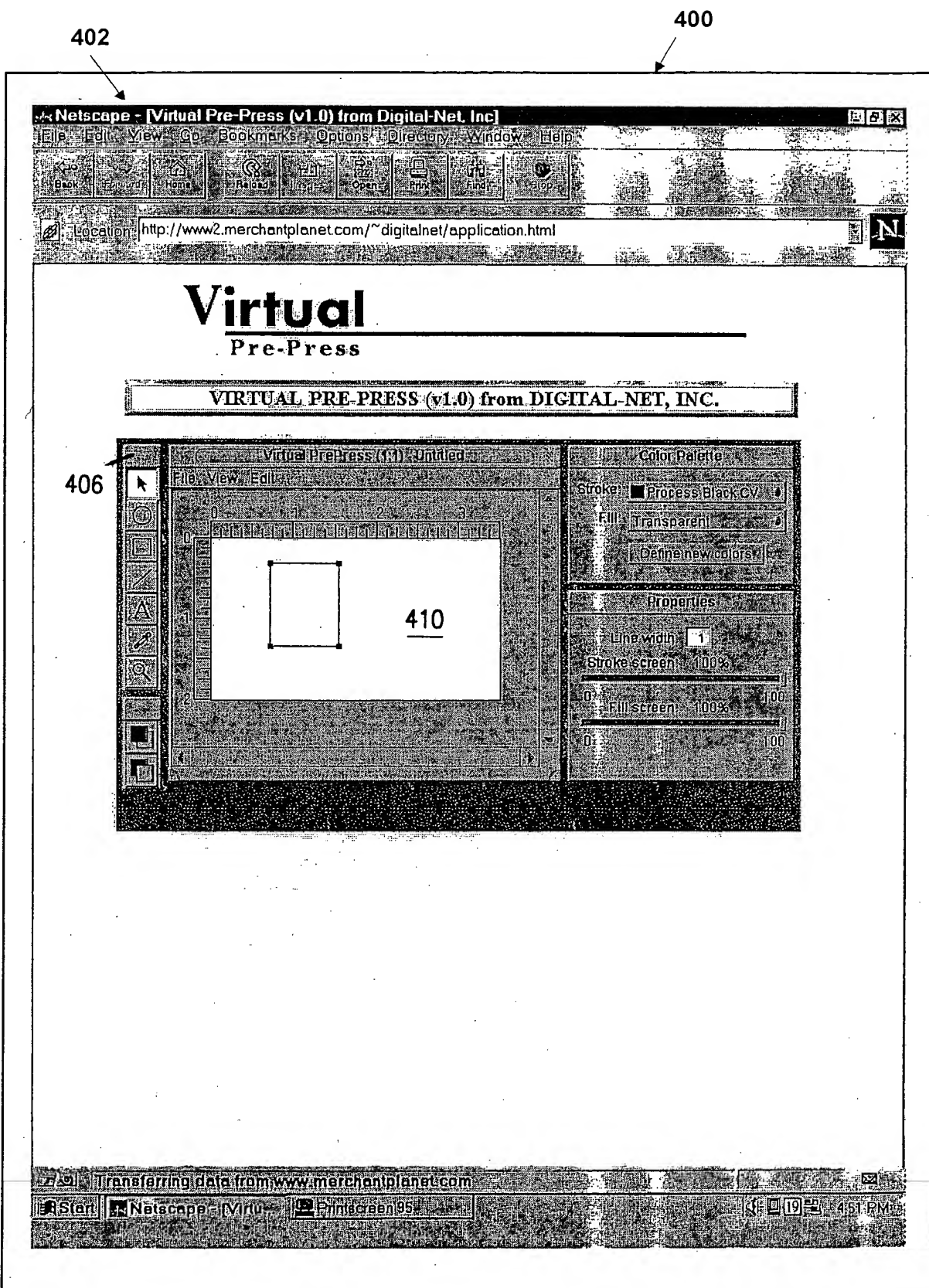


FIG. 4g

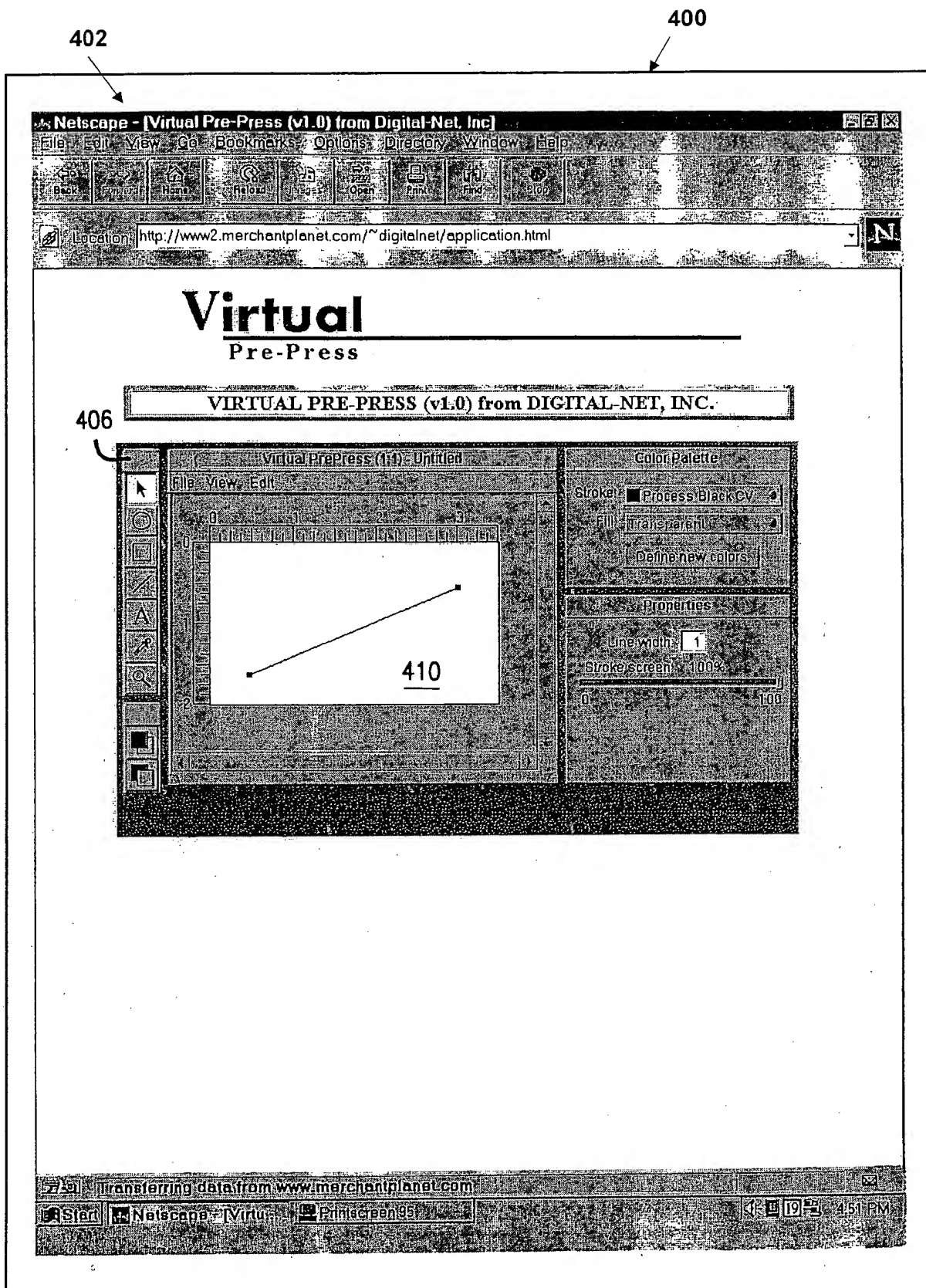


FIG. 4h

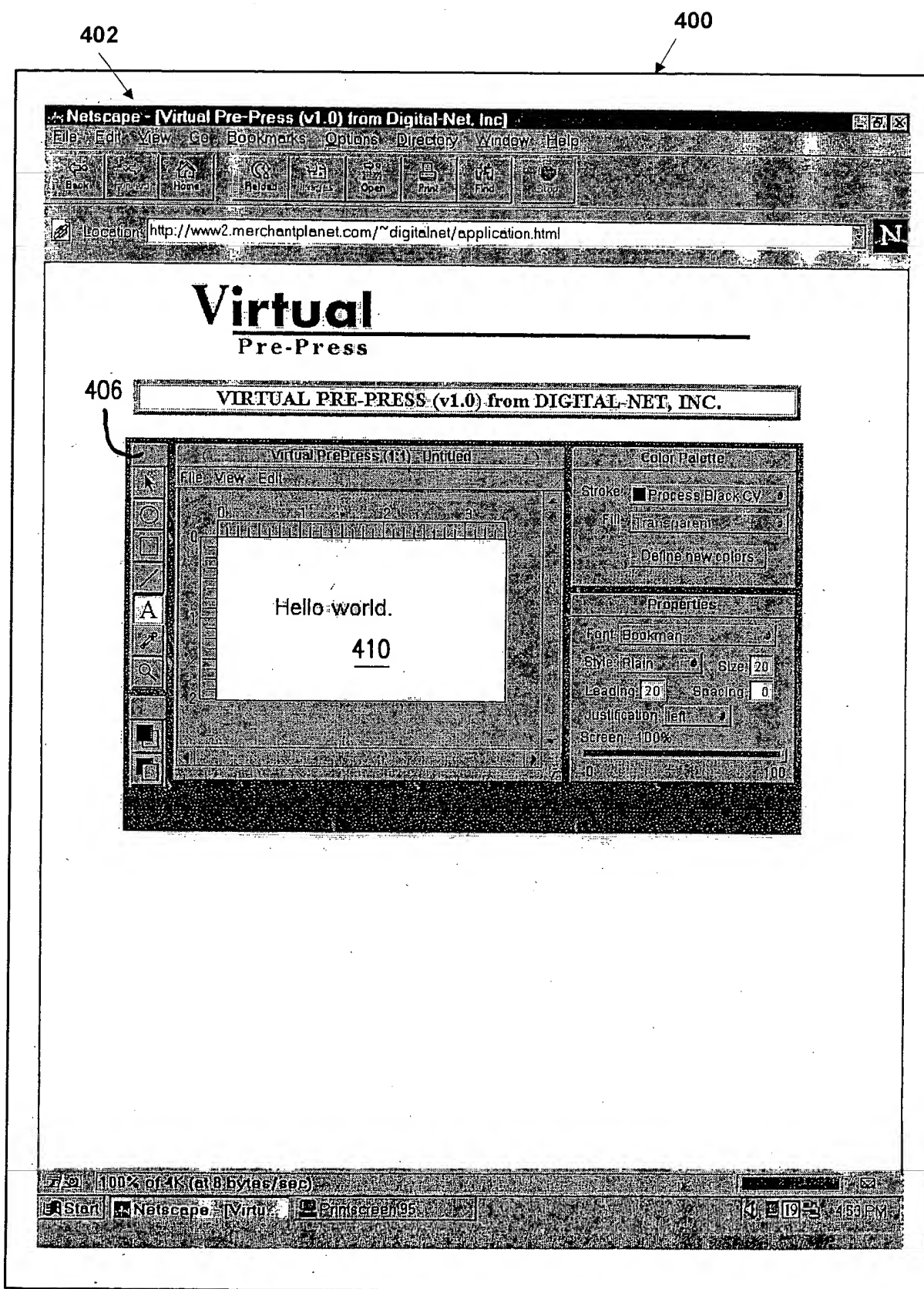


FIG. 4i

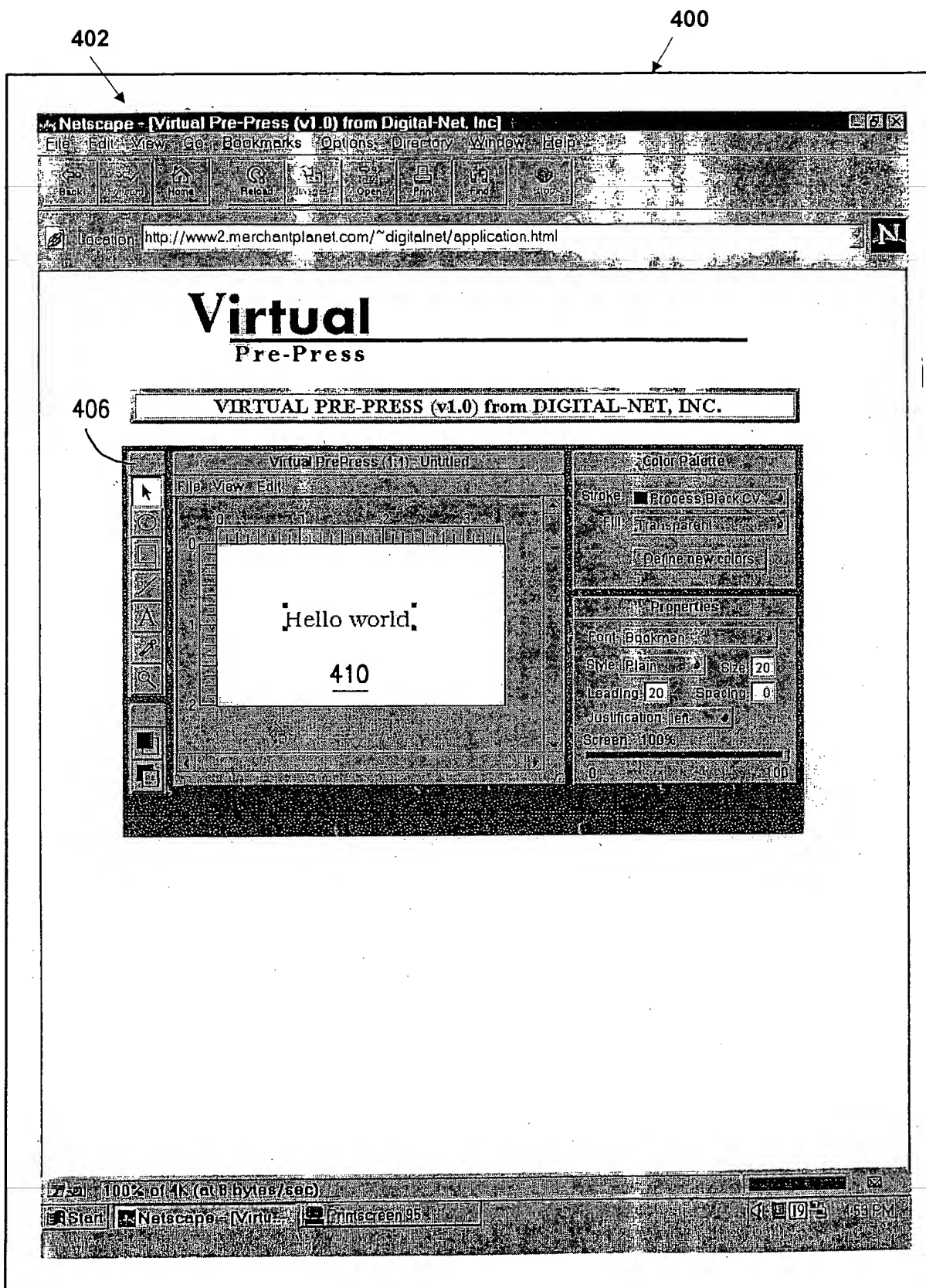


FIG. 4j

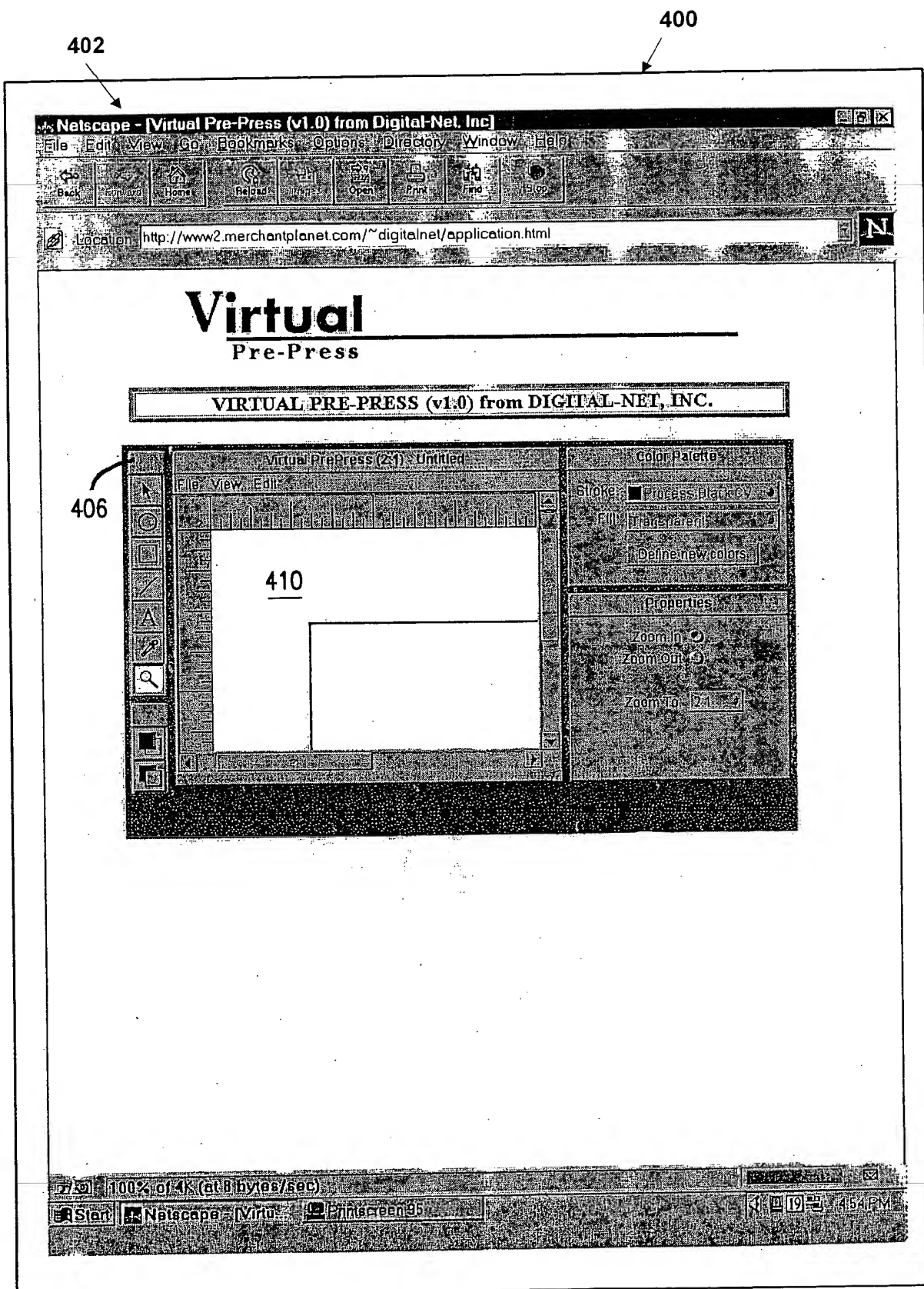


FIG. 4k

UIPE JUL 28 2003 PATENT & TRADEMARK OFFICE

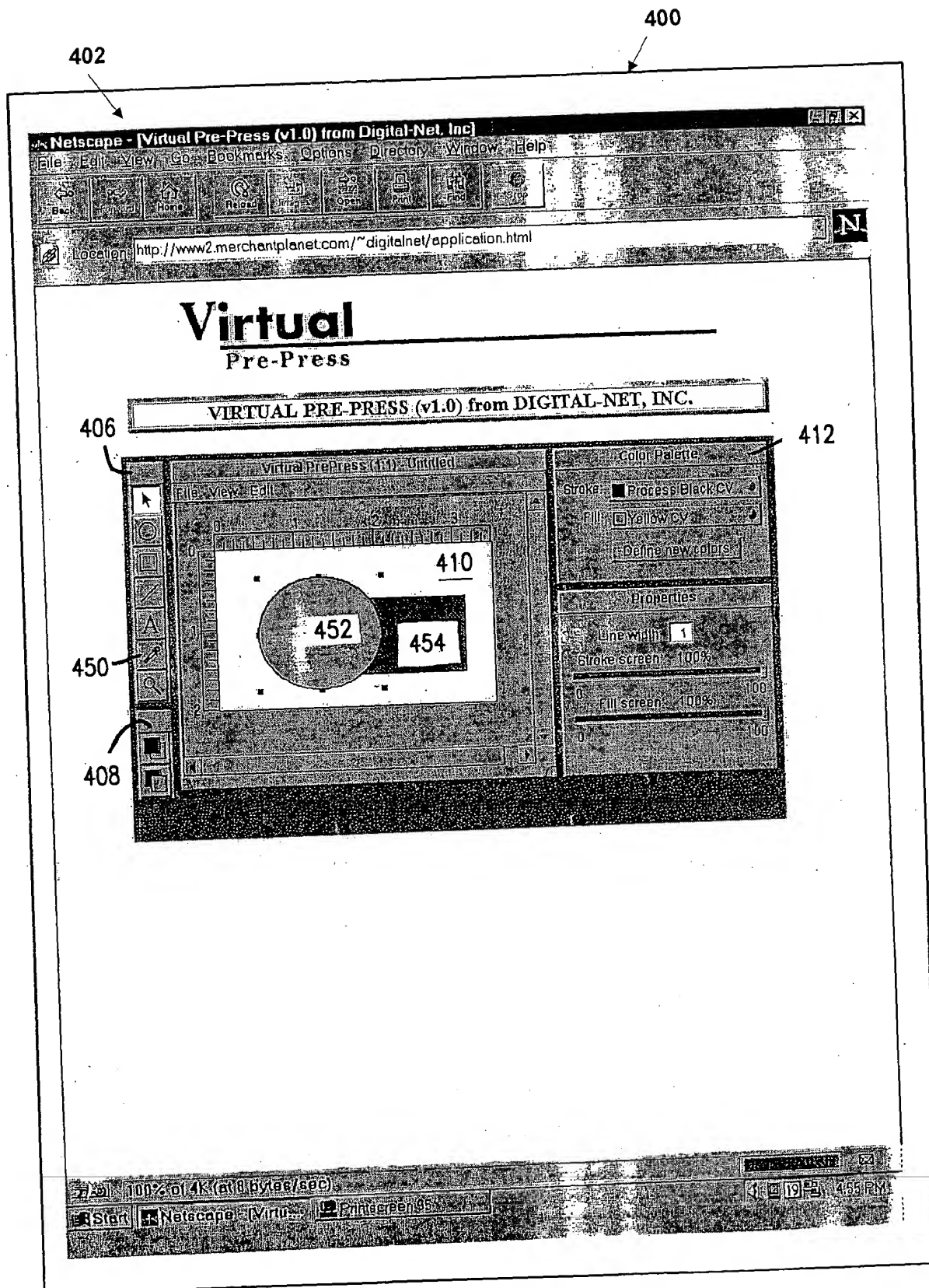


FIG. 41

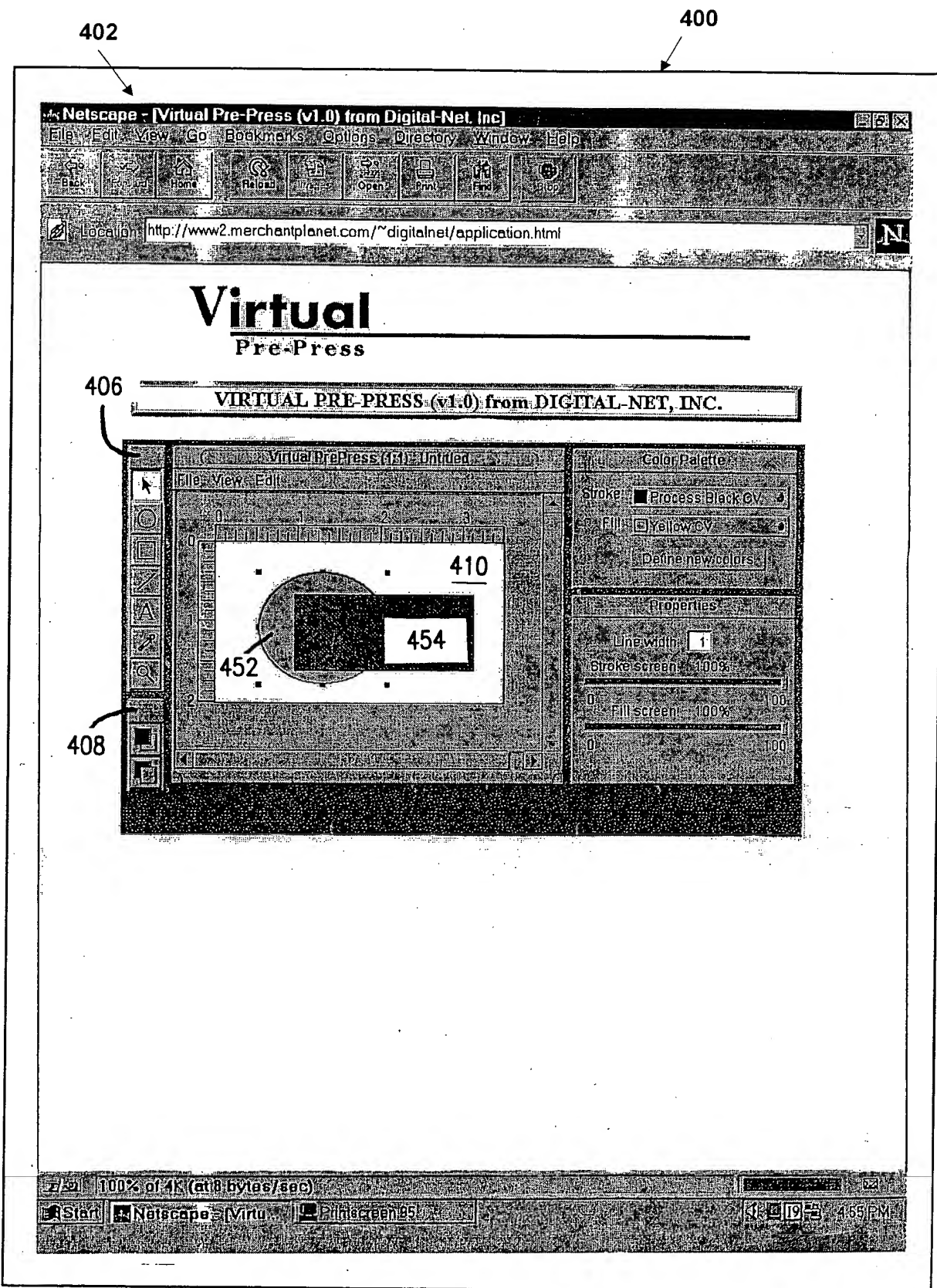


FIG. 4m



GLOBAL INSURANCE COMPANY
Virtual Pre-Press Business Card Ordering System

(Click here for [Instructions](#))



GLOBAL INSURANCE COMPANY

FName MInitial LName
Title or Position

503

1234 Main Street, Suite 56
Anytown, MN 55000 USA

Tel (123) 456-7890

Fax (123) 456-0000

E-mail FNLName@globalins.com

Please Fill out the following form with information as you wish it to appear on your business card.

Leave fields blank that do not apply.

EMPLOYEE INFORMATION

First Name: 504

Middle Initial: 506

Last Name: 508

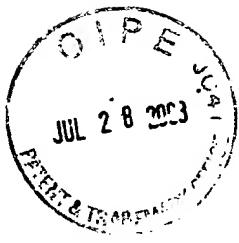
Title or Position: 510

CONTACT INFORMATION

502

500

FIG. 5a

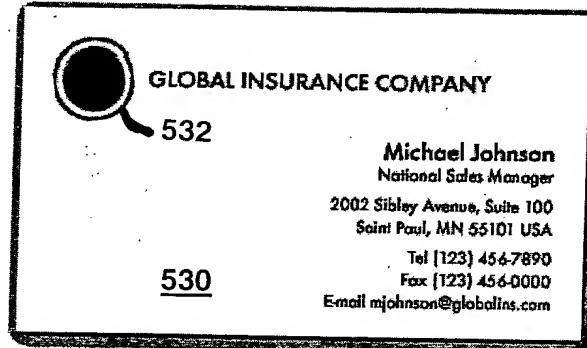


Division/Dept.:	<input type="text"/>	512
Address:	<input type="text"/>	514
Suite/Number: (optional)	<input type="text"/>	516
City:	<input type="text"/>	518
State:	<input type="text"/>	520
Zip/Postal Code:	<input type="text"/>	522
Email:	<input type="text"/>	524
Email Format: finitial.last@globalins.com		
Please Fill in your Telephone numbers. Leave fields blank that do not apply.		
Name:	Number:	
Telephone	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	526
Fax	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	
-empty-	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	
-empty-	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	
<div>Preview Card</div>		
(Preview Card)		
528		
502		
500		

FIG. 5b



(Click here for [instructions](#))



Please review your card above. This preview above will be **EXACTLY** how your business cards will be printed. If there is a mistake correct the information in the form below and click on the "Preview" button to preview the card again. When you are satisfied with the information shown on the card **GO TO THE BOTTOM OF THIS PAGE AND FILL IN YOUR ORDER AND DELIVERY INFORMATION** then click on the "Submit Card Order" button.

EMPLOYEE INFORMATION

First Name:
Middle Initial:
Last Name:
Title or Position:

534

CONTACT INFORMATION

Division/Dept.:
Address:
Suite/Number:
(optional)
City:
State:
Zip/Postal Code:
Email:
Email Format:

534

Please Fill in your Telephone numbers. Leave fields blank that do not apply.

502

500

FIG. 5c



Name:		Number:	
Telephone: <input type="text"/>	<input type="text"/>	(123) 456-7890	Ext: <input type="text"/>
Fax: <input type="text"/>	<input type="text"/>	(123) 456-0000	Ext: <input type="text"/>
empty: <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	Ext: <input type="text"/>
empty: <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	Ext: <input type="text"/>

ORDER & SHIPPING INFORMATION

PREVIEW

Number of Cards: 250

528

Type:

- ☒ Normal Inter-Office Delivery
- ☐ UPS 2nd Day Air
- ☐ UPS Next Day Air

Deliver to:

- ☒ Address on Business Cards.
- ☐ Alternative Address shown below.

First Name:

Last Name:

Address:

Address:

Suite/Number:

City:

State:

Zip/Postal Code:

VERIFICATION INFORMATION

Cost Center:

Employee I.D.#:

(Finish)

502

500

FIG. 5d